



Citrus Valley Medical Center - Queen of the Valley Base
Field Care Audit Evaluation

Name: _____

Date: _____

Sequence# _____

Criteria	Yes	No	Comments
1. Chief complaint identified?			
2. Treatments prior to base contact follow policy?			
3. Complete and accurate report?			
4. Vitals taken proper for complaint and updated?			
5. Base contact maintained for critical patient or updates as appropriate.			
6. Treatments ordered by base appropriate to chief complaint?			
7. Professional communication?			
8. Was the disposition/destination/mode of transport correct?			

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